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I. POLICY/PURPOSE STATEMENT

It is the policy of the Bureau of Developmental Disabilities Services to ensure the health and safety of all individuals with developmental disabilities receiving vocational/habilitation services, community based services or other types of residential services. Reportable incidents to the Bureau of Developmental Disabilities Services are any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual or death of an individual.

II. STANDARDS

- A. Services and supports shall provide necessary safeguards to protect the health, safety and welfare of individuals.
- B. Anyone with knowledge of an issue or concern that effects the individual's potential health and safety may submit a BDDS Incident Report form.

III. **DEFINITION**

- a) "Bureau of Developmental Disabilities Services" The entity established in IC 12-11-1.1-1 to plan, coordinate, and administer the provision of individualized, integrated, community based services for individuals with a developmental disability and their families, within the limits of resources.
- b) "Bureau of Developmental Disabilities Services' Staff" Any individual employed by the Bureau of Developmental Disabilities Services.
- c) "Bureau of Quality Improvement Services" The entity within the Division of Disability, Aging and Rehabilitative Services responsible for the oversight of the quality improvement of services.
- d) "Targeted Case Manager" The certified and approved individual chosen by the individual and/or family to coordinate the individual's services.
- e) "Community based services" Services that simulate, to the extent feasible, patterns and conditions of everyday life that are as close as possible to normal as described in IC 12-11-1.1-1 (6) (e).
- f) "Day services" Vocational, pre-vocational, employment, habilitation, and other services not provided in the individual's residence.

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- g) "Endangered adult" Set forth in IC 12-10-3-2.
- h) "Incident" An event or occurrence characterized by risk or uncertainty resulting in, or having the potential to result in, significant harm or injury to an individual or death of an individual.
- i) "Medicaid waiver" A specific source of funding that supports an individual in the community.
- j) "Provider" a person or entity chosen by the individual and authorized by the funding source that is paid to support an agreed upon service or services at a specified time and place.

IV. REFERENCE

Not applicable

V. **EXHIBITS**

Exhibit: Directions for Web Based Incident Reporting Process

VI. **PROCEDURE**

RESPONSIBLE STAFF/PERSON

A. Anyone with direct monitoring responsibilities including, but not limited to the following individuals:

Case Managers
BDDS Staff
Direct service providers
BOIS reviewers

ACTIONS

Identification of a Reportable Incident

- 1. As a result of any type of oversight or monitoring, an immediate determination is made as to whether there are any issues or concerns.
- 2. If no issues or concerns are identified, then the reviewer completes all required paperwork and documents the findings of the review in the individual's record.
- 3. Any events or occurrences characterized by risk or uncertainly, resulting in or having the potential to result in significant harm or injury to an individual or death of an individual are to be reported using the BDDS Incident Report form
- 4. Within 24 hours all initial incident reports and follow up reports are sent to:
 - a) The BDDS District Office; and

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RESPONSIBLE STAFF/PERSON

ACTIONS

- b) The BDDS Central Office.
- 5. As applicable, within 24 hours all initial incident reports and follow-up reports are sent to:
 - a) Adult Protective Services/Child Protective Services;
 - b) Any legal guardian;
 - c) The service provider;
 - d) The targeted case manager;
 - e) The police; and
 - f) Any other service provider identified in the individual's Individualized Service Plan.
- 6. The identified targeted case manager is responsible for needed follow-up on any reported incident when the individual is receiving Targeted Case Management Services.
- 7. The QMRP of any Supported Group Living residence is responsible for needed follow-up on any reported incident when the initial report was submitted by the Supervised Group Living program and the individual does not have a targeted case manager.
- 8. The BDDS Service Coordinator is responsible for needed follow-up on any reported incident, not covered by 6 and 7, above.
- 9. It is the responsibility of all individuals involved in the implementation of the individual's Individualized Support Plan to collaborate and cooperate in order to assure the health and safety of the individual.
- 10. The incident report will be tracked at the BDDS Central Office level.

B. Anyone with direct monitoring responsibilities including, but not limited to the following individuals:

Case Managers
BDDS Staff
Direct service providers
BQIS reviewers

Incident Report Form – Health and Safety of the Individual

- 1. A decision is made by the reporter of the incident, based upon their professional judgement, as to whether the individual can remain in the home.
 - a) In the event that the individual can continue to reside in the home:
 - 1) The reporter or supervisor of the reporter of the incident notifies the BDDS District Office and others as required.
 - 2) The party responsible for follow-up must contact

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RESPONSIBLE STAFF/PERSON

ACTIONS

- the Director of the provider agency, and others as needed, in order to discuss the identified issue and to direct the provider to develop a plan to address the issue or concern within two days.
- 3) The party responsible for follow-up completes an on-site review within seven days to determine if the incident has been resolved.
- 4) If the incident is resolved and no further issues are identified, then the party responsible for follow-up completes the Follow-up BDDS Incident Report form and completes required documentation in the individual's case record.
- 5) All follow-up reports are sent in accordance with Identification of a Reportable Incident 4 and 5, above.
- 6) If the incident is not resolved within seven (7) days, then the party responsible for follow-up completes the needed follow-up report and continues to submit seven (7) day follow-up reports until the incident is resolved to the satisfaction of all parties.
- b) In the event that the individual can not continue to reside in the home:
 - 1) The party responsible for follow-up must contact APS/CPS.
 - 2) The party responsible for follow-up must notify, as applicable, the individual's family/guardian, their supervisor, the BDDS local office and the BDDS Central Office, in order to develop a plan to relocate the individual who can no longer reside in the residence or to find an alternative provider of services.
 - 3) BDDS will collaborate with BQIS in investigating situations in which the individual can not reside in the home.
 - The Follow-up BDDS Incident Report form is completed and sent in accordance with Identification of a Reportable Incident 4 and 5,

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ACTIONS

above and documentation is placed in the individual's record.

c) BDDS will collaborate with BQIS in investigating any incident reports in which the health and safety of the individual or individuals continues to have the potential to result in significant harm or injury to the individual or death of an individual.

D. BDDS Central Office Staff

Review of Incidents

- 1. The designated BDDS central office staff reviews Initial and Follow-up Incident Report forms for appropriate completion and referral actions to be taken.
- 2. The designated BDDS central office staff generates needed reports for identification of follow-up needs, trend watching and making recommendations for systemic changes.
- 3. The designated BDDS central office staff refers incidents to APS/CPS, as needed.
- 4. The designated BDDS staff codes the medical condition and type of incident for all reports.
- 5. The designated BDDS staff generates 30-day follow-up letters to be sent to reporters, when follow-up is needed to resolve an incident.
- 6. The designated BDDS staff refers all incident reports relating to the death of an individual to the Mortality Review Committee.

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EXHIBIT 2

INSTRUCTIONS FOR COMPLETION OF THE BDDS INCIDENT REPORT

PURPOSE

To establish a mechanism for the reporting of any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual with a developmental disability or death of an individual.

FORMS

INCIDENT REPORT

This form is used to report any reportable incident. The narrative information is used to describe the incident, condition or injury (who, what, where, how and when) and what was observed or heard. It is also used to describe actions taken after the incident occurred.

FOLLOW-UP BDDS INCIDENT

This form is used by the party responsible for follow-up to describe the investigation into the incident or other follow-up actions. It is also to describe the systemic actions being taken to assure health and safety issues.

TIMELINES

Incident Report forms are to be completed within 24 hours of the occurrence being identified. Follow-up reports are to be submitted within 7 days and 7 days thereafter until resolved.

TRANSMITTAL

All Incident Reports and Follow-up reports are to be sent via the Internet at [URL deleted]. Incident Reports and Follow-up reports may also be e-mailed to BDDSIncidentReports@fssa.state.in.us.

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REPORTABLE INCIDENTS

Reportable incidents are any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual or death of an individual. Incidents may include the following:

- 1) Incidents of suspected abuse or neglect of an adult or child who is residing in a community residential setting. All incidents falling in this category must also be reported to Adult Protective Services or Child Protective Services.
 - a) Physical, sexual, verbal or mental abuse
 - i) physical includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain
 - ii) sexual includes all allegations of rape, sexual misconduct, or sexual exploitation
 - iii) verbal includes oral, written, and/or gestured language that includes disparaging and derogatory remarks to consumers
 - iv) mental includes unreasonable confinement or intimidation
 - b) Neglect includes failure to provide appropriate care, food, medical care or supervision
- 2) Exploitation. All incidents falling in this category must also be reported to Adult Protective Services or Child Protective Services.
 - a) Financial any deliberate misplacement, exploitation, or wrongful temporary or permanent use of a individual's belongings or money.
 - b) Any other type of exploitation, including but not limited to sexual exploitation.
- 3) Death of an individual. All deaths must also be reported to Adult Protective Services or Child Protective Services.
- 4) A residence that compromises the health and safety of an individual due to a significant interruption of a major utility, such as electricity, heat, water, air conditioning, plumbing, fire alarm or sprinkler system.
- 5) Environmental/structural problems associated with a habitable residence that compromise the health and safety of an individual, including inappropriate sanitation, serious lack of cleanliness, rodents, structural damage, or damage caused by flooding, tornadoes or other acts of nature.
- 6) Residential fire resulting in relocation, personal injury, property loss or other issues.
- 7) Missing persons
- 8) Any suspected criminal activity by staff members or individuals, including but not limited to theft, illegal drug use, and arson.

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- 9) Any medical or psychiatric treatments/services (including emergency room visits) that resulted from events that had a potential for causing significant harm or injury or that require medical follow-up.
- 10) Admission to a nursing facility, including respite stays.
- 11) Injuries of unknown origin.
- 12) Significant injuries including but not limited to:
 - a) Injuries incurred while individual was restrained
 - b) Fractures
 - c) Burns greater than first degree
 - d) Choking
 - e) Large areas of contusions or lacerations
- 13) Medication errors. Note: refusal to take medications does not constitute an error and does not require filing of an incident report but should be followed up by medical personnel and the interdisciplinary team to ensure that the health and safety of the individual is safeguarded. This information should also be documented in the individual's record.
 - a) Wrong medication given that places an individual's health and safety in jeopardy as determined by the personal physician.
 - b) Wrong dose given that place the individual's health and safety in jeopardy as determined by the personal physician.
 - c) Missed medication that places the individual's health and safety in jeopardy as determined by the personal physician.
 - d) Medication given outside the prescribed administrative window that jeopardizes an individual's health and safety as determined by the personal physician.
- 14) Inadequate staff support **resulting in or having the potential to result in significant harm or injury to an individual or death of an individual**. This includes inadequate supervision by staff, even when staffing levels are appropriate.
- 15) Inadequate medical support, including but not limited to failure to obtain needed follow up medical appointments, failure to obtain routine or special dental or physician appointments, or failure to obtain medication refills in a timely manner.
- 16) Use of any PRN medication related to an individual's behavior.

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INCIDENT REPORT

NOTE - SECTIONS I - IV ARE TO BE COMPLETED BY THE REPORTING PERSON

Section I – Consumer Information (Subject #1)

This area provides information specific to the individual about which the reporter is concerned about or has an issue about the individual's care. This section can include multiple consumer names in the event that the related incident information is identical and entered into the Internet reporting system.

	i mormation is identical and entered into the internet reporting system.		
SSN	Enter the Social Security number of the individual		
NAME	Enter the last and first name of the individual		
ADDRESS	Enter the address, city, state and zip code where the individual resides		
DOB	Enter the date of birth of the individual		
COUNTY	Enter the name of the county in which the individual resides		
GENDER	Indicate (check the appropriate box) whether the individual is a male or female		
SERVICE TYPE	Indicate the type of services that the person is receiving: SGL Supervised Group Living SL HHA HHC HHC HAB./VOC LP-ICF/MR DD Waiver A&D Waiver Autism Waiver Other Waiver Nursing Home Case Mgmt SDC Supported Living Householder for Adults Householder for Children Habilitation or Vocational Services Large Private Intermediate Care Facility for the Mentally Retarded Developmental Disabled Waiver Aged and Disabled Waiver Autism Waiver Autism Waiver Any other type of waiver under which the individual may receive services Supported Living Householder for Adults Householder for Children Habilitation or Vocational Services Large Private Intermediate Care Facility for the Mentally Retarded Developmental Disabled Waiver Autism Waiver Autism Waiver Autism Waiver Autism Waiver Any other type of waiver under which the individual may receive services Education program State Developmental Center		

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Section II - Associated Person (Subject #2)

This area provides information specific to the person who may have abused, neglected or exploited the person identified in the Section I, above. This section can include multiple entrees and multiple relationships when sending via the Internet.

SSN	Enter the Social Security number of the person (optional)
NAME	Enter the last and first name of the person
ADDRESS	Enter the address, city, state and zip code where the person resides
DOB	Enter the date of birth of the person
EMPLOYER	Enter the name of the person's employer
GENDER	Indicate (check the appropriate box) whether the person is a male or female
RELATIONSHIP TO SUBJECT	Indicate the type of relationship that the person has with the individual identified in the Section I, above • Acquaintance • Client, other • Co-worker • Employer • Family-Guardian • Housemate • Staff, Hab./Voc. • Staff, residential • Stranger • Other

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Section III - Reporting Person – Reporting Agency

This section identifies the person who is reporting the incident and the agency for which the person works, as applicable.

NAME	Enter the last and first name of the person		
POSITION	Indicate the position of the person completing the form e.g. case manager, Service Coordinator, direct care staff, Residential Director, etc.		
PHONE NUMBER	Enter the phone number and extension of the person completing the form.		
DATE OF REPORT	Enter the date that the report is being made.		
REPORTING AGENCY	Identify the agency employing the person completing the form has, as applicable. If the person is self-employed, enter "self".		
E-MAIL	Enter the e-mail address of the person completing the form.		
INDIVIDUAL SUPERVISING AT TIME	Enter the name of the individual who was responsible for supervision at the time of the incident.		
RESPONSIBLE SUP. PROVIDER	Enter the name of the provider who was responsible for supervision at the time of the incident.		

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Section IV - Incident Information

This section describes the date of the incident, severity, and location where the incident occurred and who was sent a copy of the Incident Report.

INCIDENT	Identify the date and time of the reported incident.		
SEVERITY	Indicate (check the appropriate box) the suspected severity of the incident.		
WHERE INCIDENT OCCURRED AGENCIES AND INDIVIDUALS INFORMED	Identify where the incident occurred: In the community At a job in the community While receiving habilitation services in the community While receiving habilitation services in facility based operation At a sheltered workshop At the individual's own home At the home of the individual's family SGL - Supervised Group Living SDC - State Developmental Center HHA - Householder for Adults HHC - Householder for Children NF - Nursing Facility Hospital - Hospital LP-ICF/MR - Large Private Intermediate Care Facility for the Mentally Retarded Other - Identify/explain what this is School - School The person completing the report assures that the report is sent to other individuals/agencies: APS/CPS - see applicable policy and procedure for when it is legally mandated that a copy of the incident be shared with APS/CPS. Legal Guardian - any legal guardian of the individual identified in the Section I must be notified of any incident report completed. The name of the individual who was sent the report must be identified. Residential Provider - the residential provider should receive a copy of any incident report. The name of the individual to whom the report was sent must be identified. Habilitation/Vocational Provider - the residential provider should receive a copy of any incident report. The name of the individual to whom the report was sent must be identified. Habilitation/Vocational Provider - the residential provider should receive a copy of any incident report. Case Manager - the name of the case management company, or if a sole proprietorship, the individual's name. Police - a copy should be provided to the police when there is police involvement.		

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INDICATES WHO COMPLETES THE FOLLOW-UP

- Enter whether 7-day follow up is needed.
- Enter the party responsible to complete needed follow-up
- If all action has been completed at the time of the initial incident report, enter the date that all action was completed.

Note: BDDS Central Office staff will complete the information at the bottom left-hand of the page, as indicated.

NARRATIVE FOR THE INCIDENT REPORT

The narrative is completed by the reporting person and is to be a comprehensive explanation of the incident that occurred by identifying "who, what, where, when, why, and how" of the incident. It is also to describe the actions taken after the incident occurred. The date of the incident and the name of the affected individual are entered at the bottom of the page.

Section V – Codes for Incident Reporting

The BDDS Central Office staff completes this section.

Section VI – Codes for Incident Reporting – Medical General Information

The BDDS Central Office staff completes this section.

FOLLOW-UP BDDS INCIDENT REPORT FORM

The party responsible for follow-up uses this form. The narrative follow-up information is to describe the investigation into the incident or other follow-up actions taken. It is also to describe the systemic actions being taken to assure health and safety issues.

A copy of this form is provided to the BDDS district and central offices and everyone who received a copy of the initial report.

This report is signed and indicates the reporting agency name, as applicable. The date of the initial Incident Report, the individual's name and social security number are included in the areas indicated.

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Date Reviewed						
Reviewed By						